		8655945739	HEALT	H CARE FACILITY	PAGE	04/25
DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES	11.2	accepted	PRINTED	: 11/10/2010
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	45	and part.		APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TPLE CONSTRUCTION	(X3) DATE S	
	T. COMMEDITOR	IDENTIFICATION NUMBER:	A. BUILDIN	arco	COMPLI	ETED
		445445	B. WING _		1	C
NAME OF	PROVIDER OR SUPPLIER	445145			11/0	3/2010
			STI	REET ADDRESS, CITY, STATE, ZIP CODI	Ė	
GOLDE	N LIVINGCENTER - MO	DUNTAIN VIEW		360 BYPASS ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		MINCHESTER, TN 37398		
PRÉFIX	LEACH DEFICIENCY	MUST BE PRECEDED BY ELL!	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S	ECTION HOULD BE	(X5) COMPLETION
-	NEGOCITORI OR E	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AF	PROPRIATE	DATE
F 000	INITIAL COMMENT	6	ļ	DEFICIENCY)		ļ ·
. 555	INTIAL COMMENT	5	F 000	Disclaimer		000 0000 . 0000
	Investigation of C/O	#20050 #20050		Submission of this response and plan legal admission that deficiency exist	or that this stat	s not a sement of
	#26709 was conduct	#26358, #26462, #26399 and		deficiencies was correctly cited, and		
	2010-November 3,	2010 at Goldon		construed as an admission of interest	t against the faci	lity, the
	Livingcenter-Mounta	ain View No deficient		Executive Director or any employees	s, agents or othe	r
	practice was cited for	or C/O #26358 and #26300		individuals who draft or may be disc and plan of correction. In addition,		
	Delicient practice Wi	as cited at F157 F270 and		submission of this plan of correction		
	related to C/O	#26709 and at F314 related		admission of agreement of any kind	by the facility or	r the
F 157	10 C/O #20462 and	#26709.		correctness of any conclusions set fo	rth in this allega	tion by
SS=D	483.10(b)(11) NOTI	POOM FTO	F 157	the survey agency. Accordingly, the	facility has prep	pared and
QQ-D	(INCOMPLECENCE)	ROOM, ETC)		submitted this plan of correction price appeal which may be filed solely bec		
	A facility must imme	diately inform the resident;		under state and federal law that man		
	consult with the resid	dent's physician; and if		of correction within (10) ten days of	the survey as a c	condition
	Known, notity the res	sident's legal representative		to participate in Title 18 and Title 19	programs. The	
5000	or an interested fam	IV member when there is an		submission of the plan of correction should in no way be considered or co	within this time	trame
	accident involving th	e resident which regulte in	-	with the allegations of non-complian		
	intervention: a cignifi	otential for requiring physician		facility. This plan of correction is su	bmitted as the fa	acility's
	physical mental or	cant change in the resident's psychosocial status (i.e., a		credible allegation of compliance.	ì	
	deterioration in healt	h, mental, or psychosocial				
	status in either life th	reatening conditions or			J	
	clinical complications	s); a need to alter treatment			1	
00 00	significantly (i.e., a ne	eed to discontinue an				
	existing form of treat	ment due to adverse		Eree		
1	treatment); as a desir	commence a new form of		F157		
	the resident from the	sion to transfer or discharge facility as specified in		Resident		
1	§483.12(a).	racinty as specified in		Decident #9 Dharing 1		
				Resident #8 Physician has been notified a Order for treatment obtained by charge no	nd Irse on	
	The facility must also	promptly notify the resident		9/22/10.	nse on ,	
	and, it known, the res	sident's legal representative		Affected Residents	1	
	or interested family n	nember when there is a				
	enecified in 19400 45	ommate assignment as		New admissions to facility with wounds	1	
	specified in §483.15	(e)(∠); or a change in		have the potential to be affected by this alleged deficient practice. Current resident		7.6
	regulations as specifi	Federal or State law or ed in paragraph (b)(1) of		admitted since Sept 27 2010 have been	S	190
	this section.	00 paragraph (0)(1) 0f		assessed for any skin issues by		
	^		1	ADNS/Wound nurse/charge nurses on 11/21/10.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Executive Director

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

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FORM APPROVED

PRINTED:	11/10/201

DEPARTMENT	OF HEALTH AND HUMAN SERVICES
	MEDICARE & MEDICAID SERVICES

		& MEDICAID SERVICES	. ,		OMB NO	0.0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
445145			B. WING_		444	C
NAME OF F	PROVIDER OR SUPPLIER		ler	DEPT ADDRESS AND A		03/2010
GOLDEN	LIVINGCENTER - M	OUNTAIN VIEW	1	REET ADDRESS, CITY, STATE, ZIP COD 1360 BYPASS ROAD WINCHESTER, TN 37398)E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
F 157	Continued From pa	ige 1	F 157	System changes		
	The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			Chart Audits will be conducted within 24 / 72 hours of new admission/readmission by DNS/Designee to verify physician notification of wounds.		
	This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, observation and interview, the facility failed to notify the physician of a Pressure Ulcer and failed to obtain orders for treatment of the Pressure Ulcer for one (#8) of fifteen residents with Pressure Ulcers reviewed.			Nurse's notes, physician orders will be reviewed in morning meeting Monday through Friday to verify timely Notification of Physician. Nurses notes From weekend will be reviewed on Mon Morning by IDT. The IDT consist of DN ADNS, SSD,DCE, Dietary Manager and periodically by Executive I	NS,	
1	The findings included: Resident #8 was admitted to the facility on September 9, 2010, with diagnoses including Anxiety, Urinary Tract Infection, Diabetes Mellitus, Lung Cancer and Hypertension. Medical record review of the "Clinical Health Status" (initial nursing assessment) dated September 9, 2010, revealed the resident had one Stage 3 Pressure Ulcer on the right buttock which measured "1 ½" inches and was covered with a foam dressing and had an "unstageable" wound to the left heel. Medical record review of the Minimum Data Set			Education to nursing staff by DCE/DNS/ADNS/Administrative Nurses on 11/10,1 11/22/10 on timely notification to Physic on admissions/readmissions identified skin issues. Education was provided to Current Active licensed nursing staff. This was validated by current roster. This education has been added To new hire education packet. Monitoring The 24/72 hour new admission/readmission chart reviews will be reviewed in morning meeting Monday	11/11 and	

Medical record review of the physician's admission orders dated September 9, 2010, revealed no orders were obtained for wound

dated September 16, 2010, revealed the resident

had no short or long-term memory problems and

required extensive assistance with bed mobility,

incontinent of bowel and had an indwelling urinary

catheter, had moderate pain daily; and had three

was independent in decision-making skills;

transfers, and activities of daily living; was

Medical Director, Social Service, Activities, Fac Dietary, Resident Assessment Coordinator and Maintenance Director and is held monthly.

Results of audits will be discussed in QA&A

through Friday by IDT

x4 and monthly x2.

attended by Executive

X 3 months. The meeting is

Director, Director of Nursing (DNS), Assistant Director of Nursing (ADNS),

ADNS, SSD, DCE, Dietary

to verify physician notification of any

identified issues. The IDT consist of DNS,

Manager and periodically by Executive Director.

of skin concerns to Physician by ADNS/SSD weekly

5 charts will be audited weekly for notification

sheet Page 2 of 21

FORM CMS-2567(02-99) Previous Versions Obsolete

stage 3 Pressure Ulcers.

Event ID: V25G11

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY COMPLETED C 11/03/2010	
		B, WING				
	ROVIDER OR SUPPLIER	*	13	EET ADDRESS, CITY, STATE, ZIP 60 BYPASS ROAD INCHESTER, TN 37398		13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE
	Continued From pocare/dressing chair review of the admirevealed, "May is (due to) Pressure record review of pl September 9-22, 20 care were not obtated September 22, 20 physician's order direvealed, "clean or with wound cleans combiderm(.) chair needed) until healer physician's order direvealed, "cleanse with wound cleans change q (every) 3 Review of the facility Management" reversignation skin assumment observations order the facility and place on Record (TAR)"	age 2 ages on admission. Continued ssion physician's orders use low loss air mattress d/t Ulcer to coccyx" Medical hysicians' orders dated 1010, revealed orders for wound ined by the facility until 10. Medical record review of a lated September 22, 2010, ben areas to rt (right) buttock er(.) apply tenderwet cover with age qd (every day) and pm (as ed." Medical record review of a lated September 22, 2010, red areas to lt (left) buttock er and apply Duoderm(.) days and pm until healed." Ty's policy for "Skin Care aled, " Pressure Ulcer Flow e Ulcer identified from essment/weekly skin vation Notify physician and on Input MD (Medical ment Print new treatment Treatment Administration ew of nurse's notes revealed a was applied to the buttock on 0, and with no physician's	F 157	DEFICIENCY		
	Observation on Sep p.m., with the Direct Licensed Practical I had three wounds of were measured by to 3 measured 3.0 cm	otember 27, 2010, at 4:30 tor of Nursing (DON) and Nurse #1 revealed the resident on the right buttocks which the DON as follows: one stage (centimeters) x (times) 2.0		& ³		
RM CMS-258	7(02-99) Previous Versions	Obsolete Event ID: V25G11	Facility	y ID; TN2602	If continuation sheet	Page 3 of 24

HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445145	B, WIN			100	C
	PROVIDER OR SUPPLIER N LIVINGCENTER - MO	OUNTAIN VIEW		13	EET ADDRESS, CITY, STATE, ZIP CODE 160 BYPASS ROAD INCHESTER, TN 37398	1	03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	cm; one stage 2 me described with "yell measured 0.3 cm x observation with the an unstageable wormeasured by the De "new" unstageable "little toe" which me Medical record revie 5, 2010, at 1:00 p.m with the Treatment providing wound car September 2010, re "never knew about . Treatment Nurse dio obtain treatment or which were present developed after admission until September 2010, at 8:40 a.m. with the DON confirmed medical record revie 6, 2010, at 8:40 a.m. with the DON confirmed medical record revied 6, 2010, at 8:40 a.m. and interview with the DOS confirmed medical record revied 6, 2010, and on September 2010,	easured 1.0 cm x 1.5 cm, both low slough;" and one stage 2, c 0.3 cm. Continued e DON and LPN #1 revealed und to the left heel which was ON as 2.5 cm x 3.0 cm and a wound at the base of the right easured 0.3 cm x 0.3 cm. ew and interview on October in, in the conference room, Nurse (RN #2), who was are in the facility in the month of evealed the Treatment Nurse in the facility in the month of evealed the Pressure Ulcers on admission or which mission to the facility. ew and interview on October in, in the conference room, med the only dressing change inted from the date of tember 21, 2010, was applied on September 21, edical record review and ON on October 6, 2010, at did the resident had one stage 3 dmission on September 9, mber 21, 2010, the resident wo stage 2 Pressure Ulcers to ontinued interview with the facility failed to notify the lands which were present on the secure orders for lands from September 9, 2010.	1	157			

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RINTED:	11/10/2010
	APPROVED

DEPARTMENT OF HEAL CENTERS FOR MEDICAR	PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
NAME OF PROMPTS OF SUCCESSION	445145	B, WING	C 11/03/2010	
NAME OF PROVIDER OR SUPPLIES	₹	STREET ADDRESS, CITY, STATE, Z		

1			A. BUI	LDING	3	COMPL	EIED
		445440	B, WIN	ıc			С
NAME OF F	POLARER OF CHIEF	445145				11/0	3/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW				13	EET ADDRESS, CITY, STATE, ZIP CODE 860 BYPASS ROAD NNCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH GORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE
	A facility must use the to develop, review a comprehensive plan. The facility must develop and for each reside objectives and timet medical, nursing, and needs that are identical assessment. The care plan must to be furnished to attempt to the resident's \$483.25; and any see be required under \$483.10, including the under \$483.10, including the under \$483.10(b)(4). This REQUIREMENT by: Based on medical represent of the review, observation at failed to update the coand interventions to part of the review.	care Plans The results of the assessment and revise the resident's of care. Welop a comprehensive care on that includes measurable ables to meet a resident's dimental and psychosocial ified in the comprehensive describe the services that are tain or maintain the resident's onlysical, mental, and ing as required under revices that would otherwise 183.25 but are not provided exercise of rights under e right to refuse treatment This not met as evidenced cord review, facility policy and interview, the facility are plan to include wounds bromote healing of the 199, #13, #14) of sixteen	F 2		Resident Residents #3,#9,#13,#14 care plans have been reviewed by DNS/Wound N/MDS nurse and updated to reflect current resident Care needs and interventions as needed on 11/15/10. Affected Residents Residents with wounds have the potential to Be affected by alleged deficient practice. Residents current wound care plans have been audited and updated As needed to reflect current care needs and interventions by DNS/Wound Nurse/MDS nurse on 11/15/10 System changes Care plans of residents with new wound orders or new wounds will be reviewed by DNS/MDS nurse/Wound Nurse in morning meeting Monday through Friday to verify updates. Education to licensed nursing staff by DCE/DNS/ADNS/Administrative Nurses on 11/10,11/11 and 11/22/10 related to updating care plans with residents with new wounds, interventions and treatments have been completed. Education was provided to Current Active licensed nursing staff. This was	urse	
	maings moluded				validated by current roster. This education		

Resident #3 was admitted to the facility on May 14, 1999, with diagnoses including Hypertension, Peripheral Vascular Disease, Delusion, Psychosis, Diabetes Mellitus and Depressive

has been added to new hire education packet.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V25G11

Facility ID: TN2602

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	TPLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		445145	B. WING_			С
Variable eron over	NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			REET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398	11/0	03/2010
(X4) ID PREFIX TAG	CACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	III D BE	COMPLETION DATE
	Disorder. Medical rata Set (MDS) data the resident had she problems and mode decision-making ski of staff for all activity. Medical record revied dated June 27, 2010 apply skin prep to Ratimes per day." Medical record revied physician's order day revealed, "Clean rt (saline) and apply skin integrity" Corresplant revealed the care plant revealed the care plant revealed the resident plant revealed the resident had the integrity" Corresplant revealed the right heel and the integrity heel and the integrity heel and the integrity heel and the integration and integration and integration and integration and integration revealed the roon a pillow with the right heel measured by the (centimeters) x (by) 5 DON as unstageable with the DON revealed to which was measured to cm. Interview with	ecord review of the Minimum ed June 18, 2010, revealed out and long-term memory erately impaired and was totally dependent les of daily living. Ew of a physician's order of the current of the current care plan an included the resident's "licers and altered skin goal of "will have no loss of a nincluded the resident's "licers and altered skin goal of "will have no loss of a nincluded the resident's "licers and altered skin goal of "will have no loss of a nincluded the resident's "licers and altered skin goal of "will have no loss of a nincluded review of the current ne care plan had not been a unstageable wound to the ervention to "float" the heel or pressure on the heel. Eview on September 27, with the Director of Nursing esident's right leg was lying ght heel lying on the bed. I black necrosis to the right esident's right leg was lying ght heel lying on the bed. Continued observation of a wound to the right great and the right heel was resting the right heel was right.	F 279		y	11-24-10

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10 ED

DEPAR CENTE	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			FORM	D: 11/10/20 ⁴ M APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL1	TIPLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		445145	B. WING			С
	ROVIDER OR SUPPLIER	DUNTAIN VIEW		REET ADDRESS, CITY, STATE, ZIP CO 1360 BYPASS ROAD WINCHESTER, TN 37398		03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	COMPLETION DATE
	confirmed the curre prevention of loss or been updated to incomplete to the right heel and heel from the bed to the right heel and heel from the bed to Resident #9 was ad 29, 2010, with diagrad Alzheimer's Disease Hypertension. Chrono Disease, Degenerat Decubitus Ulcer. Restatus" (initial nursing 29, 2010, revealed to Ulcer on the coccyx 9.0 cm x 4.0 cm with Medical record revied 30, 2010, revealed to the stage 4 Pressure ulcer. Telephone interview on October 21, 2010 confirmed the care patential the Pressure Ulcer. Telephone interventions Pressure Ulcer. Resident #13 was resembled to the stage of the care patential the pressure Ulcer.	ew and interview on October 1., with the MDS Coordinator 1., with the unstageable wound 1., the intervention to "float" the 1., the intervention of the facility on June 1., the intervention of the "Clinical Health 1., the intervention of the 1., with the care plan dated June 1., the intervention of the care plan did not address 1., with the MDS Coordinator 1., with diagnoses including 1., with diagnoses including 1., and 1., the intervention including 1., the interven	F 279			

FORM CMS-2567(02-99) Previous Versions Obsolete

Schizophrenia and Hypertension. Medical record

Event ID: V25G11

Facility ID: TN2602

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DINITED.	11/10/201

DEPARTMENT	OF HEALTH !	AND HUMAN	SERVICES
CENTERS FOR			

8655945739

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDING	LE CONSTRUCTION	(X3) DATE	LETED
		445145	B, WI	NG		44	C (03/3040
	PROVIDER OR SUPPLIER	OUNTAIN VIEW	**	130	ET ADDRESS, CITY, STATE, ZIP COD 60 BYPASS ROAD INCHESTER, TN 37398		/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
F 279	review of the MDS revealed the reside memory problems decision-making sk staff for activities of stage 2 Pressure UMedical record reviewed the care protential for altered "will have no loss Continued review or revealed no interve the stage 2 Pressure UMedical record reviewed the stage 2 Pressure Medical record reviewed the stage 2 Pressure Decision of Pressure Medical record reviewed the stage 2 Pressure Decision of Pressure Decisi	dated September 17, 2010, ent had short and long-term and moderately impaired cills; was totally dependent on f daily living; and had one licer. We wo f the current care plan plan included the resident's d skin integrity" with the goal of s of skin integrity" of the current care plan entions were included related to re Ulcer.	F	279			
2	5, 2010, at 7:20 a.m confirmed the curre prevention of loss o been updated to income.	ew and interview on October n., with the MDS Coordinator ent care plan addressed of skin integrity and had not clude the stage 2 Pressure ons to promote healing.					
	Alzheimer's Disease Disturbances, Dehy and Benign Prostati record review of the 3, 2010, revealed th	admitted to the facility on B, with diagnoses including e, Dementia with Behavioral dration, Psychosis, Seizures of Hypertrophy. Medical Minimum Data Set dated July be resident had short and problems and severely			·	é	

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Event ID; V25G11

Facility ID: TN2602

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PRINTED: 11/10/2010 FORM APPROVED

DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
CENTERS FOR	MEDICARE	& MEDICAID	SERVICES

OMB NO. 0938-0391

AND PLAN O	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING COMPLETED				
		445145	B. WING	3		1	3/2010
	ROVIDER OR SUPPLIER	* **		1380 B	ADDRESS, CITY, STATE, ZIP CODE BYPASS ROAD HESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE
F 279	Continued From primpaired decision	-making skills; was totally	F 2	79			
	dependent on sta and had no press review of the "Clir	ff for all activities of daily living; ure ulcers. Medical record lical Health Status" dated revealed the resident had no	×				
	October 25, 2010 crease of right ea resident grimaces (treatment) nurse with NS (normal sointment applied, off area" Review Pressure Ulcer re revealed the resident	view of a nurse's note dated revealed, "Open area note to with bloody drainage noted; when area is touched. Tx aware & (and) area cleaned aline), bactracin (Bacitracin) gauze in place to keep tubing w of the facility's weekly port dated October 26, 2010, ent had a Stage 2 Pressure posterior ear which measured				v	
	#4/Treatment Nur (right) ear 1.6 (cm normal saline and	view of a nurse's note by RN se revealed, "raw area to rt) x 0.2 (cm), cleaned with applied oxy ears (foam padding bing) to O2 (oxygen) for res."				3	
	Flow Sheet" dated	riew of the "Wound Evaluation October 26, 2010, revealed ure Ulcer to the right posterior					

FORM CMS-2567(02-99) Previous Versions Obsolote

ear measured 1.6 cm x 0.2 cm.

Medical record review and interview, in the conference room, on November 2, 2010, at 12:00 p.m., with the RN/Treatment Nurse #4 confirmed the care plan had not been updated to include the Stage 2 Pressure Ulcer and interventions to reduce the risk of the development of a Pressure Ulcer from the pressure of oxygen tubing on the

Event ID: V25G11

Facility ID: TN2602

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PRINTED: 11/10/2010 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING

			A. BUIL	UIN			_
		445145	B. WIN	G_			C 3/2010
	ROVIDER OR SUPPLIER	OUNTAIN VIEW		1	REET ADDRESS, CITY, STATE, ZIP CODE 360 BYPASS ROAD VINCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 279	Continued From pa ears,	ge 9	F2	79			
F 281 SS=D	PROFESSIONAL S		F 2	81	F281 Residents		
	The services provid must meet profession	ed or arranged by the facility onal standards of quality.			Resident # 2 has been discharged from facility. Resident # 3 has been assessed for current wound status by DNS/Wound nur	rse	
	by: Based on medical re interview, the facility wounds and injuries	T is not met as evidenced ecord review, observation and failed to assess the surgical for one (#2) and failed to plan for one (#3) of sixteen			on 11/16/10 and appropriate interventions are in place which include by no to-weekly skin inspection pressure reducing/mattress, treatment as ordered by MD, Nutritis support as needed, pressure reducing cushion, positioning—floating of heels and turning, monitor for signs of infection. Affected Residents	relieving onal	×
	June 10, 2010, with of the Left Arm and Reduction Internal F Wrist, Left knee, Left	s involved in a high-speed as admitted to the facility on diagnoses including Fracture			Newly admitted residents with wounds and residents currently residing in the facility with wounds have the p Affected by this alleged deficient practice. Current residents with pressure ,arterial, stasis and surgical wounds have been assessed for appropriate treatment and Interventions by DNS/Wound Nurse on 11/23/10.	otential to be	3
	Psychosis and Bipol review of the Minimu 2010, revealed the r long-term memory p independent in decis behavioral symptom Anxiety or sad mood with bed mobility, tra hygiene and was con	ar Disorder. Medical record im Data Set dated June 18, esident had no short or roblems and was sion-making; had no s or indicators of Depression, required limited assistance nsfers, dressing, toileting and atinent of bladder and bowel.			Weekly skin inspections conducted By charge nurses will be brought to morning meeting and reviewed on an ongoing basis by IDT the IDT consist of DNS,ADNS, SSD, DCE, Dietary Manager and periodically by Executive Director. The morning meeting is conducted Mon through Fri.		
	Medical record revie dated July 5, 2010, r	w of a physician's order evealed, "Cleanse surgical					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V25G11

Facility ID: TN2602

If continuation sheet Page 10 of 21

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PREFIX

(X1) PROVIDER/SUPPLIER/CLIA

DENTIFICATION NUMBER:

445145

B. WING

PREFIX

TAG

F 281

PAGE 14/25

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

(X5) COMPLETION

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

11/03/2010

NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - MOUNTAIN VIEW

STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY

REGULATORY OR LSC IDENTIFYING INFORMATION) TAG F 281 Continued From page 10 wound left lower leg with wound cleanser and 4x(by)4's, apply Triple Antibiotic Ointment to wound, cover with gauze, secure with Kerlex and tape ...every shift ..."

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

Medical record review of the "Clinical Health Status" (initial nursing assessment) dated June 11, 2010, revealed no assessment of the resident's skin condition.

Medical record review and interview on October 5, 2010, at 1:00 p.m., in the conference room, with Registered Nurse (RN #2)/Treatment Nurse confirmed the resident had surgical and trauma wounds on admission and confirmed the initial nursing assessment dated June 11, 2010, did not include any skin assessment or assessment of the resident's wounds.

Resident #3 was admitted to the facility on May 14, 1999, with diagnoses including Hypertension, Peripheral Vascular Disease, Delusion, Psychosis, Diabetes Mellitus and Depressive Disorder. Medical record review of the Minimum Data Set dated June 18, 2010, revealed the resident had short and long-term memory problems and moderately impaired decision-making skills and was totally dependent of staff for all activities of daily living.

Medical record review of the current care plan revealed, " ... Resident to use a heel boot to right heel." Review of the facility's policy for "Skin Care Management" revealed, " ... Determine care plans consistently implemented ... based on the needs of the resident ..."

Observation and interview on September 27, 2010, at 3:45 p.m., with the Director of Nursing

The 24 / 72 hour new admission /readmission chart reviews will be reviewed in morning meeting Mon through Fri by the IDT to verify completion of skin evaluation on admission. The IDT consist of DNS, ADNS, SSD.DCE, Dietary Manager and periodically by

Executive Director.

DNS / ADNS/Supervisor will conduct a second skin evaluation on new Admissions within 24 hours of admission

DNS/ADNS are conducting weekly wound Rounds on current residents with current Pressure, arterial, stasis or surgical wounds to verify treatments, evaluations and intervention in place. These rounds will be ongoing.

Non clinical rounds are conducted 3 x a week by

the administrative team which include ADNS, BOM, Medical records, Activities director and assistant, Maintenance. Dining services Director, Social Services, Central supply clerk, marketing, receptionist, Human resources. MDS nurses, DNS, Director of Clinical Services These round will check wound interventions for 5 random residents 3 x weekly x 4 weeks and monthly x 2.

Cardexes are used for direct care staff to know current interventions.

Education to licensed nursing staff by DCE/DNS/ADNS/Administrative Nurses on 11/10, 11/11 and 11/22/10 on completing skin evaluations on Admission and as needed has been completed Education to Nursing staff on use of indentified interventions to Include heel protectors has been completed. Education was provided to Current Active licensed nursing staff. This was

Faci validated by current roster. This education has been added To new hire education packet.

if continuation sheet Page 11 of 21

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

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PRINTED: 11/10/2010 FORM APPROVED

11/03/2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO, 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING C

	445145	B. WING
NAME OF PROVINCE OF SUPERIOR		

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE ZIP CODE

	N LIVINGCENTER - MOUNTAIN VIEW	1	REET ADDRESS, CITY, STATE, ZIP CODE 360 BYPASS ROAD VINCHESTER, TN 37398	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFTX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	(DON) revealed the resident's right leg was lying on a pillow with the right heel lying on the bed. Continued observation revealed a heel protector was not in place to the right heel. Observation revealed black necrosis to the right heel measured by the DON as 4.0 cm (centimeters) x (by) 5.0 cm and described by the DON as unstageable. Continued observation with the DON revealed a wound to the right great toe which was measured by the DON as 4.0 cm x 4.0 cm. Interview with the DON at the time of the observation confirmed a heel boot was not in place on the right heel. C/O #26709 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that	F 281	Results of audits will be discussed in QA&A X 3 months. The meeting is attended by Executive Director, Director of Nursing (DNS), Assistant Director, Social Service, Activities, Dietary, Resident Assessment Coordinator and Maintenance Director and is held monthly F314 Resident Resident #7 has been discharge from facility Resident #8 Physician was notified and Order for treatment obtained by charge nurse on 9/22/10	11-24-10
	they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility policies, observation and interview, the facility failed to accurately assess and provide dressing change as ordered by the physician for one (#7); failed to obtain physician's orders for treatment and failed to assess Pressures Ulcers for one (#8); and failed to pad oxygen tubing to prevent a Pressure Ulcer for one (#14) of fifteen residents with Pressure Ulcers reviewed.		Res 8 no longer resides In facility . Resident # 14 has appropriate padding for O2 tubing. Affected residents Residents at risk to develop wounds have potential To be affected by this alleged deficient practice. Skin audits were conducted by charge nurses on 11/21/10 on residents currently residing in facility and reviewed by DNS/ADNS and identified skin concerns were addressed according to protocol	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S	ETED
		445145	B. WING _		44#	C 3/2010
	ROVIDER OR SUPPLIER	OUNTAIN VIEW	1	REET ADDRESS, CITY, STATE, ZIP COD 1360 BYPASS ROAD WINCHESTER, TN 37398		33/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETION DATE
F 314	Continued From pa	ge 12	F 314	System changes		
í	diagnoses including to Thrive and Press review of the physic dated July 8-31, 20 hydrocolloid dsg (dr soiled cleanse with sponges then apply review of a nurse's 7:07 p.m., revealed orders for wound cadressing to right low and prn" Medical record revied dated July 8-31, 20 documentation would 8-13, 2010, (date of Review of the facility policy and "Pressure	dmitted to the facility on July 8, hospice respite stay, with a Alzheimer's Disease, Failure oure Ulcer. Medical recording second sian's recapitulation orders 10, revealed, "Change ressing) every 3 days or if saline, pat dry with gauze dressing" Medical record note dated July 8, 2010, atResident came with are: Change hydrocolloid for sacral areas every 3 days ew of the Treatment Record 10, revealed no not care was provided July discharge). It's "Skin Care Management" et Ulcer Flow Diagram"		Weekly skin inspections conducted By charge nurses will be brought to morning meeting and reviewed by IDT This is ongoing. The IDT consist of DNS, ADNS, SSD,DCE, Dietary Manager and periodically by Executive E Morning meeting is conducted Mon thro DNS /ADNS/supervisor will do second skin evaluation on new Admissions within 24 hours of admission. This will be ongoing. DNS/ADNS are conducting weekly wour Rounds on current residents with current Pressure ,arterial, stasis or surgical wounds to verify treatments, evaluations and intervention in place. These rounds will ongoing. ED/DNS redistributed and clarified the wound nurse and charge nurse Duties in identifying ,treatment and Monitoring of skin care. When wound is Identified charge nurse on duty is respons to notify Dr and get treatment started. Wo	n n d be	
	revealed, "Implen interventions immed ordered"	nent resident specific liately:Treatment as		nurse will monitor, assist with treatments relating to pressure wounds, arterial, stasis, surgical and measurements. Other treatments are responsibility of charge nurses.	and	
	the conference roon #1, (assigned to the resided) revealed the resident had a dress me (resident) had a Continued interview Duoderm dressing was to the continued interview th	nber 29, 2010, at 9:05 a.m., in n, with Registered Nurse (RN) unit where the resident e RN was "unaware" the sing and stated, "No one told place that needed attention." with the RN confirmed the was not changed during the facility from July 8-13, 2010, sysician.	5	The 24-72 hour new admission/readmission Chart reviews will be reviewed in morning meeting Mon through Fri by IDT to verify completion of skin evaluation on admission and review clinical health assessment to verify resident identified at risk will have appropriate interventions in place.		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		445145	B. WING	3		the second of	C 3/2010
	ROVIDER OR SUPPLIER	DUNTAIN VIEW		13	EET ADDRESS, CITY, STATE, ZIP CODE 180 BYPASS ROAD INCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
	in the conference of Nursing (DON) con Pressure Ulcer was resident's five-day send and send send send send send send send se	mber 29, 2010, at 12:20 p.m., com, with the Director of firmed the dressing to the sonot changed during the stay in the facility from July ew of the "Clinical Health B, 2010, revealed no Pressure Ulcer on the sacrum ocation, size, stage, drainage, nature of the wound. Medical aled no documentation the sassessed during the stay in the facility from July by's "Skin Care Management" tion/Prevention" policy	F 3'		Education to licensed nursing staff by DCE/DNS/ADNS/Administrative Nurses on 11/10,11/11 and 11/22/10 on skin care management guideline which includes identification of skin concerns and Interventions. Weekly skin inspection and documentation requirements were included in the education. This was validated by current roster. This education has been added to new hire education packed Monitoring Results of audits will be discussed in QA&A X 3 months. The meeting is attended by Executive Director, Director of Nursing (DNS), Assistant Director, Social Service, Activities, Dietary, Resident Assessment Coordinator and Maintenance Director and is held monthly a service of the property		11-24-10

not followed, and the Pressure Ulcer was not assessed on admission or at any time during the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING

31		445145	B. WING			
	ROVIDER OR SUPPLIER I LIVINGCENTER - M	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 BYPASS ROAD WINCHESTER, TN 37398 ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) Age 14 Stay in the facility from July Idmitted to the facility on D., with diagnoses including act Infection, Diabetes Mellitus, Hypertension. Medical record num Data Set (MDS) dated 10, revealed the resident had rm memory problems and was cislon-making skills; required ce with bed mobility, transfers, illy living; was incontinent of indwelling urinary catheter; and Pressure Ulcers. Iew of the "Clinical Health ing assessment) dated 7, revealed the resident was at 2 Pressure Ulcers; had a Stage 3 the left buttock which inches (one inch equals 2.5 / as covered with a foam an "unstageable" wound to the				
(X4) ID PREFIX TAG	(EACH DEFICIENC	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
F 314	resident's five day: 8-13, 2010. Resident #8 was as September 9, 2010 Anxiety, Urinary Tracking Cancer and Freview of the Minim September 16, 201 no short or long-terindependent in decextensive assistant and activities of dai bowel and had an i had three stage 3 FMedical record revistatus" (initial nursi September 9, 2010 moderate risk for PPressure Ulcer on imeasured "1 ½" in centimeters) and widessing; and had a left heel (no measured "1 ½" in centimeters) and widessing; and had a left heel (no measured the size or nature of the left heel. Review of the week Ulcers revealed the again until Septemblater). Medical recorded the reside Ulcer on the right be (centimeters) x (by) Ulcer on the right be used to the ri	dmitted to the facility on with diagnoses including act Infection, Diabetes Mellitus, lypertension. Medical record aum Data Set (MDS) dated 0, revealed the resident had an memory problems and was islon-making skills; required as with bed mobility, transfers, ly living; was incontinent of indwelling urinary catheter; and dressure Ulcers. The work of the "Clinical Health and assessment) dated assessment, revealed the resident was at ressure Ulcers; had a Stage 3 the left buttock which ches (one inch equals 2.5 as covered with a foam	F 314			

HEALTH CARE FACILITY

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PRINTED: 11/10/2010

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	TED .
		445145	B. WI	IG _			3/2010
	ROVIDER OR SUPPLIER			1:	EET ADDRESS, CITY, STATE, ZIP CODE 360 BYPASS ROAD VINCHESTER, TN 37398		_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	Pressure Ulcer to measurement door review of a "Woun September 22, 20 an unstageable Programme of the facing policy revealed," systemic approaches in All residents risk of skin breaked admission (facili residents with word wound status is Documentation Assessments/Obside responsible for assessment/obsed document weekly "Wound Evaluatio document Local x width/depth) prefundermining and the nature and frequent type of tissue/charthealing (granulation eschar) Description surrounding tissue Medical record revenue for Pressue October 6, 2010, a room, with the DOUlcers had not be September 9, 2010 Continued interviewed.	x 2.0 cm and a Stage 1 the left buttock (no currented). Medical record and Evaluation Flow Sheet" dated 10, revealed the resident had ressure Ulcer to the left heel x 3.0 cm. Itity's "Skin Care Management"Purpose: to provide a h and monitoring process for s will be assessed/observed for lown within 24 hours of ty) develops a routine to review unds or at risk on a weekly basis monitored on a weekly basis of Weekly Skin servations: Licensed nurse will performing this skin roationLicensed nurse to on all wounds using the n Flow Sheet ation and stagingSize (length sence and location of unnelingExudate/if present: ncyWound bed: color & (and) racter including evidence of on) or necrosis (slough and ion of (wound) edges and	F	314			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

1380 FXP.25\$ POAD

		445145	B. WIN	G		I .	3/2010
	ROVIDER OR SUPPLIER I LIVINGCENTER - MO	DUNTAIN VIEW	70	STREET ADDRESS, CI 1380 BYPASS ROA WINCHESTER, 7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	((EACH CO	ER'S PLAN OF CORREC RRECTIVE ACTION SHO ERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	Ulcer on the left but 2010, the resident I 3 on the right buttoo Ulcer on the left but confirmed the present the week of Septements the week of Septements the week of Septements the facility's policy to Ulcer assessments. Medical record reviadmission orders develed no orders care/dressing chan review of the admission revealed, "May usere were obtained by the review of physician 9-21, 2010, revealed, buttook with wound cover with combide and prn (as needed buttook with wound cover with combide and prn (as needed review of another provided from September 2-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combide and prn (as needed review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of another provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of physician provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of physician provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of physician provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of physician provided from September 9-22, 2010, revealed, buttook with wound cover with combined revealed, buttook with wound cover with combined review of physician provided from September 9-22, 2010, revealed, buttook with wound cover with combined review of physician	ttock, and on September 21, had two stage 2 and one stage of two stage 2 and one stage of the and a stage 1 Pressure stock. Continued interview sure ulcers were not assessed of the 13, 2010, and confirmed to perform weekly Pressure thad not been followed. We of the physician's lated September 9, 2010, were obtained for wound ges on admission. Continued asion physician's orders see low loss air mattress d/t Ulcer to coccyx" Continued so orders dated September and no orders for wound care the facility. Medical record an's order dated September "clean open areas to rt (right) cleanser(.) apply tenderwet form(.) change qd (every day) d) until healed." Medical record hysician's order dated 0, revealed, "cleanse red tock with wound cleanser and thange q (every) 3 days and ew of the Treatment Record 010, and nursing notes dated 010, revealed wound care was september 9-21, 2010. We of nurses' notes dated 010, revealed no und care had been provided 20, 2010, and revealed a was applied to the buttock on was applied to the buttock on	F3	14			

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PRINTED: 11/10/2010

FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION .	- COMPLE	(X3) DATE SURVEY COMPLETED C 11/03/2010	
	ROVIDER OR SUPPLIER		136	ET ADDRESS, CITY, STATE, ZIP O BYPASS ROAD NCHESTER, TN 37398	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 314	September 21, 20 admission). Observation and i 2010, at 4:30 p.m. Licensed Practica resident lying in be Continued observ revealed the residinght buttocks, destage 3, 3.0 cm x x 1.5 cm, both wit 2, 0.3 cm x 0.3 cm unstageable wour cm with the margi unstageable wour toe" which measu Medical record revision of the Pressure Unit of the Pressure	nterview on September 27, ,, with the DON and the I Nurse (LPN) #1 revealed the ed on a low air-loss mattress. ation with the DON and LPN #1 ent had Pressure Ulcers on the scribed by the DON as: one 2.0 cm and one stage 2, 1.0 cm h "yellow slough" and one stage h. The DON described an id to the left heel, 2.5 cm x 3.0 his intact and a "new" id to the base of the right "little red 0.3 cm x 0.3 cm. view and interview on October m., in the conference room, hent Nurse, who was providing facility, in the month of confirmed the Treatment Nurse of the resident's wounds; did I care for the resident; and did ician to obtain treatment orders	F 314			

STATEMENT OF DEFICIENCIES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES	S
CENTERS FOR MEDICARE & MEDICAID SERVICES	

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		B. WI	NG		11/	C 11/03/2010	
	PROVIDER OR SUPPLIER	OUNTAIN VIEW		136	ET ADDRESS, CITY, STATE, ZIP COD 80 BYPASS ROAD NCHESTER, TN 37398		OU/LU TU
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 314	Disturbances, Dehrand Benign Prostar record review of the 3, 2010, revealed to long-term memory impaired decision-redependent on staff and had no pressureview of the "Clinic October 5, 2010, redecided November 1, (Oxygen) at 2 lpm (Ozygen) at 2 lpm (Ozygen) at 2 lpm (Ozygen)" Medical record revious (percent)"	ydration, Psychosis, Seizures tic Hypertrophy. Medical e Minimum Data Set dated July he resident had short and problems and severely making skills; was totally for all activities of daily living; re ulcers. Medical record cal Health Status" dated evealed the resident had no sew of the physician's orders 2010, revealed, "O2 (liters per minute) to maintain level) above 90 % ew of a nurse's note dated at 2:57 p.m., revealed, "Open se of right ear with bloody	F	314			
	touched. Tx (treatr area cleaned with for (Bacitracin) ointmet keep tubing off area a nurse's note date p.m., revealed, " behind residents ear appears to be caus of the facility's weel October 26, 2010, r Stage 2 Pressure L which measured 1.6 Medical record review #4/Treatment Nurse revealed, "raw area	sident grimaces when area is nent) nurse aware & (and) NS (normal saline), bactracin not applied, gauze in place to a" Medical record review of d October 25, 2010, at 3:45 CNA noted an open area are while shaving Area ed from O2 tubing" Review kly Pressure Ulcer report dated revealed the resident had a elect to the right posterior ear 6 cm x 0.2 cm. Ew of a nurse's note by RN ed dated October 26, 2010, to rt (right) ear 1.6 (cm) x 0.2 normal saline and applied Oxy				8	

HEALTH CARE FACILITY

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PRINTED: 11/10/2010

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

CENTER	O FOR WEDICARE	A MEDICAID SERVICES				JIVID NO.	0300 0031
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTI A. BUILDING			(X3) DATE S COMPLE	URVEY ETED C
	445145		B. WING			11/03/2010	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER - M	OUNTAIN VIEW		0.00	360 BYPASS ROAD MINCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAC	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 314	Continued From pa	age 19	F	314			
	Ears (foam padding tubing for prevention	g around O2 tubing) to O2 /e measures."					
	Medical record rev	iew of the "Wound Evaluation					
	Flow Sheet" dated	October 26, 2010, revealed are Ulcer to the right posterior					
		cm x 0.2 cm. Medical record					
		and Evaluation Flow Sheet" 2010, revealed the Stage 2			e ii		
		the right posterior ear had			*		
	Interview on Nover	mber 2, 2010, at 11:30 a.m., in			* *		
	the conference roo	om, with the RN/Treatment			•		
	Nurse #4 confirme	d the resident had a painful Ulcer "caused by oxygen					
	tubing." Continued	interview with					
		lurse revealed Oxy Ears (foam tygen tubing) were placed on					
	the oxygen tubing	over both ears to promote					
	healing. Continued	d interview with RN					
		se revealed the Pressure Ulcer or ear was healed as of					
	October 29, 2010.						
	Observation and in	iterview on November 2, 2010,					
	at 11:40 a.m., with	RN #4/Treatment Nurse					
	oxygen tubing in pl	ent was lying in bed with lace around both ears, and Oxy					
	Ears were not in pl	ace. Continued observation					
	and interview with	RN #4/Treatment Nurse					
	confirmed the Oxy	Ears were not in place and dent had a new Stage 2			820		
	Pressure Ulcer to t	the right posterior ear which					
	was red and moist	but with no drainage and					
	0.5 cm. Continued	reatment Nurse as 0.5 cm x I interview with the Treatment					
	Nurse confirmed th	ne Treatment Nurse would					
	reapply Oxy Ears to	o the O2 tubing.					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION LYS DATE SUBVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER;		ILDING		COMPLETED		
		445145	B. WING			11/03/2010		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW				STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ULL I PREFIX		(EACH CORRECTIVE ACTION :	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY)		
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